



The Commonwealth of Massachusetts  
Division of Professional Licensure

WWW.MASS.GOV/DPL/BOARDS/NU

**Board of Dietitians and Nutritionists**

(617) 727- 3073

239 Causeway Street

Boston MA 02114

**LICENSE APPLICATION**

[READ INSTRUCTIONS, THEN PRINT OR TYPE]

1. Applicant Name: \_\_\_\_\_  
Last First Middle

Maiden Name/Other Name: \_\_\_\_\_

2. Permanent Address: \_\_\_\_\_  
No. Street Apt. #

\_\_\_\_\_  
City/Town State Zip Code

3. Business Address (If Applicable): \_\_\_\_\_  
No. Street Apt. #

\_\_\_\_\_  
City/Town State Zip Code

4. Which address should appear on your license? Permanent ☐ Business ☐

5. Date of Birth: \_\_\_\_\_ 6. E-mail: \_\_\_\_\_

7. Telephone Number-Day: \_\_\_\_\_ Evening: \_\_\_\_\_

8. Social Security Number (**Mandatory**): \_\_\_\_\_

Pursuant to G.L. c. 62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

9. Educational Background:

Highest Relevant Degree: \_\_\_\_\_ Year: \_\_\_\_\_

Academic Major: \_\_\_\_\_

School Name: \_\_\_\_\_

School Location: \_\_\_\_\_

10. Professional Experience:

Number of Years of Paid Professional Practice: \_\_\_\_\_

Location of formal internship (if any): \_\_\_\_\_

11. List all professional licenses/certifications you have held in the United States, or any country or foreign jurisdiction, and the state/jurisdiction from which the license/certification was originally issued. Enclose a certificate of standing from each state or jurisdiction in which you have been licensed/certified, indicating the status of your license and any disciplinary information. \_\_\_\_\_

12. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_

13. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_

14. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_

15. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐ If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_

16. Have you ever been convicted of, or admitted to, a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$200.00 was assessed? Yes: ☐

No: ☐ If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_

The Board is certified by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. Those records and other Federal and professional records may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board.

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration of Dietitians and Nutritionists to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all Massachusetts tax returns and paid all Massachusetts taxes required by law.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Notary Name (print) \_\_\_\_\_

Notary Signature \_\_\_\_\_ Commission expires \_\_\_\_\_